

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Health

**Health Regulation
& Licensing Administration**



PROOF OF SOLVENCY

I, _____ of _____ make oath and say as follows:

1. That to the best of my knowledge and belief the information provided, and all attachments thereto, is true and correct.
2. That there are no pending or threatened claims or proceedings that I reasonably anticipate may result in a judgment against me, and I am not a named defendant in any law suit or involved in any administrative proceedings as of this date, or a judgment debtor [other than as disclosed in this affidavit].
3. That I do not contemplate filing for relief under the provisions of the applicable bankruptcy or insolvency laws, nor am I involved in any situation that I reasonably anticipate would cause me to file for relief under the applicable bankruptcy or insolvency laws in the future.
4. That following any transfer of the facility to I will be solvent and able to pay my reasonably anticipated debts (including any claims or lawsuits against me) as they come due from the balance of my property after such transfer.

FURTHER AFFIANT SAYETH NOT.

SWORN at)

at)

by the said)

this day of ____) 200__)